

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 1 - 4 4

2. STATE
Missouri

3. PROGRAM IDENTIFICATION: TITLE XIX OF
THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 01, 2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR, Part 447, Subpart D, 447.333

7. FEDERAL BUDGET IMPACT:

a. FFY _____ \$ _____
b. FFY _____ \$ _____

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B, Page 3b (01-44)

9. PAGE NUMBER OF THE SUPERSEDES PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 4.19-B, Page 3b (00-23)

10. SUBJECT OF AMENDMENT:

Title XIX Drug Reimbursement Upper Limit Assurances

11. GOVERNOR'S REVIEW (Check One)

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT *cu*
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPE NAME:
Dana Katherine Martin

14. TITLE:
Director

15. DATE SUBMITTED: December 21, 2001

16. RETURN TO:

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
12-28-01

18. DATE APPROVED:

APR 24 2002

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:
10/01/01

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:
Thomas W. Lenz

22. TITLE:
ARA for Medicaid & State Operations

23. REMARKS:
CC:
Martin
Vadner
Waite
CO
DSG/DIATA

SPA CONTROL
Date Submitted: 12-21-01
Date Received: 12-28-01

Substitute per letter dated 3/28/02 n

4.19-B
Rev. 3/2002
Page 3c

State: Missouri

The annual assurance is given that, for the period October 1, 2000, through September 30, 2001, the requirements of State Medicaid Manual 6305.1.A and 6305.2 are met. In the aggregate, Missouri's Medicaid expenditures for multiple source drugs identified and listed in accordance with 42 CFR 447.332(a) are in accordance with the upper limits specified in 42 CFR 447.332(b).

State Plan TN# 01-44
Supersedes TN# 00-23

Effective Date October 1, 2001
Approval Date APR 24 2002

"Substitute per letter dated 3/28/02"

Attachment 4.19 B

Rev. 3/2002

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State Missouri

The triennial assurance is given that the requirements of State Medicaid Manual 6305.1.B. and 6305.2 are met. In the aggregate, Missouri's Medicaid expenditures for "other drugs" are in accordance with limits specified in 42 CFR 447.331(b).

State Plan TN# 00-23
Supersedes TN# 99-27

Effective Date October 1, 2000
Approval Date APR 24 2002